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Editor

PEER REVIEW OR REVIEWERS PEER

Much has been written about peer review, both locally and nationally. Many physicians feel that it is a distinct threat to their established modes of practicing to have anyone look over their shoulder. On the other hand, there are those physicians who are doing a creditable job and welcome the chance to be recognized by having their records reviewed by impartial observers who have, hopefully, as much sophistication as they in caring for patients. Between these two extremes are the vast majority of physicians who really don't know what to expect from peer review and are for the first time being faced with head-to-head confrontation regarding the care they are rendering.

In Arizona, we have one statewide peer review organization mandated for the Medicare system. In addition, there are multiple for-profit and non-profit organizations who are doing peer review for insurance carriers as well as for corporations. Furthermore, hospitals have had utilization review committees for sometime, within which physicians have participated. In addition, physicians now are being asked both to review and be reviewed if they agree to become participating members of many new practice associations, e.g., IPA, HMO, PPO, etc. We thus have developed almost overnight, a massive reviewing network to monitor the quantity and hopefully the quality of medical care. The rapidity of the change and the all-encompassing nature of the process with its potential for characterizing everyone's mode of

practice will have far-reaching implications on medical care and cost. For instance, this coming September in Arizona, all cataract operations will need a second opinion before Medicare will allow the procedure. Mandatory second opinions for transurethral resections, total abdominal hysterectomies, and coronary artery bypass procedures and others are already in place for the federal system and such, no doubt, if found effective, will be shifted and found included in the private review plans.

As each of us is faced with a confrontation with a reviewer, we must keep in mind that each is attempting to perform a function which will guarantee that medicine will continue to be kept in the hands of physicians, rather than in the hands of clerical non-physician personnel. It is easy to see how a non-physician could come to erroneous conclusions regarding certain practices which of necessity only a physician could understand or appreciate. It is essential that we maintain control of the review process at all levels, and each of us should become more intimately involved in these activities at whatever level one feels comfortable. It seems to me that rather than gripe about the peer review process, one should become a peer and actually review. It's an activity which is not fraught with much pleasure, but is an activity which is essential if we are to have input into the quality of medical care. Although I am biased in my orientation, those physicians who have volunteered to do such activity, should be lauded by their peers rather than chastized.